AMA
AMERICAN
MEDICAL
ASSOCIATION

Michael D. Maves, MD, MBA, Executive Vice President, CEO

September 23, 2005

Chief, Regulations and Procedures Division
Alcohol and Tobacco Tax and Trade Bureau
Attn: Notice No. 41
P.O. Box 14412
Washington, DC 20044-4412

RE: Notice 41: Labeling and Advertising of Wines, Distilled Spirits and Malt Beverages

The American Medical Association (AMA) is pleased to offer the following comments in response to the Alcohol and Tobacco Tax and Trade Bureau's (ATTTB) request for comments on labeling and advertising of alcohol products.

The public's health is best served when consumers have accurate, science-based information about the products it consumes. Accurate and standardized labels would allow the public to make decisions on its health free from any confusion which may derive from inconsistent regulations of similar products or alcohol producer marketing practices. In addition, based on health, safety, religious and other concerns, the public desires and deserves accurate information on ingredients and potential allergens in alcoholic beverages.

Currently, alcohol product labels and ads give mixed and misleading messages about the alleged health benefits of alcohol. There is also consumer confusion about the classification of a wide range of newer alcohol beverage products such as wines, wine coolers, other beverages which contain wine but appear to be fruit drinks, high malt content beer products with names and packaging deceptively similar to those of same-brand distilled spirits, and so-called "alcopops." Specifically, consumers are confused about the type and amount of alcohol they contain. Further confusion stems from: the percent of alcohol content versus the "proof" designation; how wines, beers and distilled spirits are similar or different in their alcohol content; inconsistent and ill-defined terms such as "lite", reduce-calorie, and "low-carb;" inconsistent labeling with respect to serving size and the number of servings per container; and concerns about caloric content. Labels and advertising need to be clear and provide accurate information that answers most, if not all, of these points of confusion.

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The AMA has long been concerned about the impacts of alcohol use, underage and high risk drinking, and alcohol use by persons addicted to alcohol. We live in a nation in which roughly half of all alcoholic beverages sold are consumed by persons with alcohol use disorders including the disease of alcoholism. To address these issues, the AMA has adopted broad, progressive policies and developed innovative and effective programs to address alcohol use, labeling, promotion, regulation, and health consequences of use. Consistent with our policies on labeling advertising, and promotion of alcoholic beverages; caffeine labeling; and increasing taxes on alcoholic beverages, the AMA makes the following recommendations to the ATTTB.

1. There should be mandatory labels on all beverage containers (including kegs) and advertising (including point of sale ads).

2. Labels and ads should have universally accurate and appropriate disclosure of all ingredients, including caffeine, preservatives and additives still present after production if there is a known health risk as determined by the ATTB and FDA.

3. There should be no claims of alleged health benefits of beverage alcohol products and no implied assumptions or impressions that consuming the product is part of a healthy lifestyle or part of a weight reduction or weight management plan.

4. Labels or advertisements should contain no impression or assumption that drinking more of the product conveys health benefits because of their lower caloric or lower carbohydrate content, irrespective of whether such impressions are made in a humorous vein.

5. Health education messaging should appear on labels and ads that address a) the general health hazards of alcohol consumption (e.g., alcohol is a carcinogen and may cause cancer; alcohol is an addicting drug); b) hazards specific to particular populations or activities including: pregnant women, youth, drivers and operators of machinery, and c) the dangers of harmful use to all sectors of the population.

6. Labels and advertising should contain the 2005 Dietary Guidelines for Americans advice on moderate drinking on any single day (i.e., up to, but no more than, two drinks for a man, and one drink for women). In addition, it should be generally communicated that no one should begin drinking or drink more frequently to improve their health and that in general; men are at risk for developing alcohol-related problems consuming more than a 14 drink weekly average or a daily maximum of more than 4 drinks while women are at risk with a weekly average of more than 7 drinks and a daily maximum is more than 3 drinks according to the National Institute on Alcoholism and Alcohol Abuse's (NIAAA) Helping Patient with Alcohol Problems (Publ No. 04-3769 Revised, February, 2004).

7. Labels and ads should cite the percent of alcohol content based on the grams of ethanol present, not on the fluid volume of the drink (which may include non-alcoholic fluids) and cease to cite any 'proof' designation.

8. Labels and ads should use consistent alcohol content and drink size information using the terminology, a "standard drink" which contains about 14 grams (about 0.6 fluid ounces) of pure alcohol.

9. Labels and ads should include the number of servings (i.e., standard drinks) per container in fluid ounces of pure alcohol.

10. A consistent graphic symbol indicating how many standard drinks in ounces and grams of pure alcohol should be placed on all labels and ads (This would attract attention and help convey the information. This could be supported through public information materials which illustrate standard drink equivalents such as those contained in the NIAAA's Helping Patient with Alcohol Problems, Publication No. 04-3769 Revised, February 2004).

11. Labels and ads should cite the number of calories as well as the number of grams of carbohydrate, protein and fat per serving; however, only list fats and protein if they reach a threshold. If zero, do not list.

12. There should be a standard for terms such as low calorie, light, or low carbohydrate (e.g., 7 grams of carbohydrates or less) in order not to confuse consumers with different language from other food products.

13. There should be no confusing or misleading terms such as "effective carbohydrates" or "net carbohydrates."

14. There should be a consistent format for labeling design to include the following information: number of standard drinks contained, serving size, dietary consumption guidelines, calories per serving, alcohol by volume (per serving 0.6 fluid oz), and ingredients.

15. Efforts should be taken to encourage other nations to adopt similar "best practices" ("upward global harmonization") so that regulatory requirements regarding alcohol beverage labeling are in harmony around the globe.

In conclusion, the AMA encourages the agency to apply a scientific basis in any decision that may affect the health and well being of individual consumers of alcohol and the public.

On behalf of its physicians and medical student members, the AMA is grateful for the opportunity to comment publicly on the issue of alcohol beverage labeling and advertising. If you have further questions regarding this matter, please feel free to contact Margaret Garikes in our Washington office at (202) 789-7409.

Sincerely,

Michael D. Maves, MD, MBA